

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 04/2021)

IN THE UNITED STATES DISTRICT COURT
FOR THE Southern DISTRICT OF TEXAS
Houston DIVISION

United States Courts
Southern District of Texas
FILED

AUG 11 2022

Nathan Ochser, Clerk of Court

SHANNON STAFFORD #01973420
Plaintiff's Name and ID Number

HARRIS COUNTY JAIL
Place of Confinement

CASE NO. _____
(Clerk will assign the number)

v.

HARRIS COUNTY TEXAS 201 CAROLINE ST. Houston Tx. 77002
Defendant's Name and Address

BEN TAUB, HARRIS HEALTH System d/b/a / 1504 BEN TAUB LOOP
Defendant's Name and Address
Houston Tx. 77030

HARRIS COUNTY JAIL 1200 BAKER ST. Houston Tx. 77002
Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$52.00 for a total fee of **\$402.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$52.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: 7/1/22
 2. Parties to previous lawsuit:
 Plaintiff(s) Shannon Stafford
 Defendant(s) Constable p.c. 6, H.P.D., H.C.S.O.
 3. Court: (If federal, name the district; if state, name the county.) Southern District
 4. Cause number: 4:22-cv-02147
 5. Name of judge to whom case was assigned: Lynn N Hughes
 6. Disposition: (Was the case dismissed, appealed, still pending?) Still pending
 7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: HARRIS County Jail

GRIEVANCE RECEIPT
INMATE GRIEVANCE BOARD
 1200

To: **SHANNON STEVEN**
 SPN# 1973420

STAFFORD

Grievance Received

2/1/2021

From: Inmate Grievance Board

Ref: GRIEVANCE # 38890
 MEDICAL SERVICES

SGT VILLARDOZ

The Inmate Grievance Board has received a grievance from Inmate

SHANNON STEVEN STAFFORD

Upon completion of your investigation, check the appropriate finding and provide the Inmate with this Grievance Receipt.

I have investigated this grievance and determined it to be:

☒ Unfounded ☐ Founded/Resolved ☐ Founded/Unresolved
☐ ATW/TDC ☐ OIG/IAD or Bureau Investigation

Grievance Receipt

Inmate Copy

Grievances with an Unfounded or Founded/Resolved determination may be appealed to the Grievance Board. Appeals must be in writing and submitted within (5) five working days of the investigating supervisor's decision (excluding holidays).

Grievance Receipt was Delivered to Inmate **STAFFORD**

on Date: 2 / 18 / 21

Supervisor's printed name: _____

Supervisor's Signature: _____

R. Hill um

R Hill um

Date: _____

2 / 18 / 21

INMATE GRIEVANCE BOARD

GRIEVANCE RECEIPT

TO: INMATE STAFFORD

SHANNON STEVEN

SPN# 1973420

Cell Block: 2J2 01T

**This is your notification, as required by the Texas Commission on Jail Standards
that your grievance was received on 2/1/2021 and filed as grievance # 38890
This grievance is in reference to MEDICAL SERVICES**

At this time, your grievance is under investigation.

**Please do not file any further grievances in reference to
this matter.**

Grievance Board Member BDSHELTON

2/1/2021

INMATE GRIEVANCE BOARD

GRIEVANCE RECEIPT

TO: INMATE STAFFORD

SHANNON STEVEN

SPN# 1973420

Cell Block: 2J2 01T

**This is your notification, as required by the Texas Commission on Jail Standards
that your grievance was received on 3/30/2021 and filed as grievance # 39603
This grievance is in reference to ADMIN SERVICES DIVISION**

At this time, your grievance is under investigation.

**Please do not file any further grievances in reference to
this matter.**

Grievance Board Member MASON.EUSTICE

3/30/2021

GRIEVANCE RECEIPT
INMATE GRIEVANCE BOARD
1200

To: **SHANNON STEVEN STAFFORD**
SPN# 1973420

Grievance Received 3/30/2021

From: Inmate Grievance Board

Ref: **GRIEVANCE # 39603**
ADMIN SERVICES DIVISION

212 011

The Inmate Grievance Board has received a grievance from Inmate
SHANNON STEVEN STAFFORD

Upon completion of your investigation, check the appropriate finding and provide the Inmate with this
Grievance Receipt.

I have investigated this grievance and determined it to be:

☒ **Unfounded** ☐ **Founded/Resolved** ☐ **Founded/Unresolved**
☐ **ATW/TDC** ☐ **OIG/IAD or Bureau Investigation**

Grievance Receipt

Inmate Copy

Grievance Receipt was Delivered to Inmate **STAFFORD**

on Date: 04/12/21

Supervisor's printed name:

Rene Villalobos

Supervisor's Signature:

Rene Villalobos

Date: 04/12/21

GRIEVANCE RECEIPT
INMATE GRIEVANCE BOARD
1200

To: **SHANNON STEVEN**
SPN# 1973420

STAFFORD

Grievance Received 10/25/2021

From: Inmate Grievance Board

Ref: **GRIEVANCE # 42094**
MEDICAL SERVICES

The Inmate Grievance Board has received a grievance from Inmate
SHANNON STEVEN STAFFORD

Upon completion of your investigation, check the appropriate finding and provide the Inmate with this
Grievance Receipt.

I have investigated this grievance and determined it to be:

☒ **Unfounded** ☐ **Founded/Resolved** ☐ **Founded/Unresolved**
☐ **ATW/TDC** ☐ **OIG/IAD or Bureau Investigation**

Grievance Receipt

Inmate Copy

Grievances with an Unfounded or Founded/Resolved determination may be appealed to the
Grievance Board. Appeals must be in writing and submitted within (5) five working days of
the investigating supervisor's decision (excluding holidays).

Grievance Receipt was Delivered to Inmate **STAFFORD**

on Date: 11/8/21

Supervisor's printed name: R. Hill UN

Supervisor's Signature: R Hill UN

Date: 11/8/21

INMATE GRIEVANCE BOARD

GRIEVANCE RECEIPT

TO: INMATE STAFFORD

SHANNON STEVEN

SPN# 1973420

Cell Block: 4C1 01Q

**This is your notification, as required by the Texas Commission on Jail Standards
that your grievance was received on 3/7/2022 and filed as grievance # 219988
This grievance is in reference to MEDICAL SERVICES**

**At this time, your grievance is under investigation.
Please do not file any further grievances in reference to
this matter.**

Grievance Board Member TAGBOGUN

3/7/2022

INMATE GRIEVANCE BOARD

GRIEVANCE RECEIPT

TO: INMATE STAFFORD

SHANNON STEVEN

SPN# 1973420

Cell Block: 4C1 01Q

**This is your notification, as required by the Texas Commission on Jail Standards
that your grievance was received on 4/7/2022 and filed as grievance # 220373
This grievance is in reference to MEDICAL SERVICES**

At this time, your grievance is under investigation.

**Please do not file any further grievances in reference to
this matter.**

Grievance Board Member TAGBOGUN

4/7/2022

INMATE GRIEVANCE BOARD

GRIEVANCE RECEIPT

TO: INMATE STAFFORD

SHANNON STEVEN

SPN# 1973420

Cell Block: 4C1 01Q

**This is your notification, as required by the Texas Commission on Jail Standards
that your grievance was received on 5/11/2022 and filed as grievance # 220702
This grievance is in reference to MEDICAL SERVICES**

At this time, your grievance is under investigation.

**Please do not file any further grievances in reference to
this matter.**

Grievance Board Member TAGBOGUN

5/11/2022

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: SHANNON STAFFORD

701 N. SAN JACINTO Houston TX 77002

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: HARRIS County Texas, 201 CAROLINE St
Houston Tx. 77002 "ET AL"

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

policy maker for treatment in HARRIS County Jail

Defendant #2: BEN TAUB, HARRIS Health system d/b/a "ET AL"
1504 BENTAUER Loop Houston TX 77030

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Not Giving me proper medical Treatment, Discharging me still sick.

Defendant #3: HARRIS County Jail 1200 BAKER St. Houston TX. 77002 "ET AL"

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Not Giving me proper medical Treatment or providing safe environment

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

On January 13 2021 I was in a car accident and Having a medical emergency. I ended up in the I.C.U. in BENTON, in a coma, AS SOON AS I Woke up I was discharged, I DIDN'T even know where I WAS I HAVE several injuries, HEAD, neck, BACK, Stomach, HAND, I WAS released to Harris County Jail, where I was put in a single man cell, I received NO medical help and almost died two times I have a officer AS A witness. I believe they treated me like this trying to let me die, I still CANNOT get any medical help or treatment, I've been living in an unsafe environment and refused medical help. Benton didn't properly discharge me, because I WAS ALMOST DEAD, HAD several things wrong, AND DIDN'T perform appropriate evaluation, or refer me to a specialist.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Money Damages, Injunction, Declaratory Judgment

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Shannon Steven Stafford

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

T.D.C. 2006919

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☐ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: 8/7/22
DATE

(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

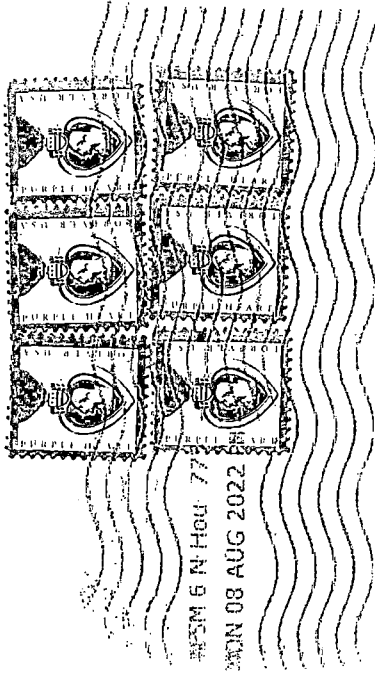
1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 7 day of August, 20 22.
(Day) (month) (year)

(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

HARRIS COUNTY
Name Shamir Stafford
SPN 01973420 Cell 421
Street 701 N San Jacinto
HOUSTON, TEXAS 77002



United States Courts
Southern District of Texas
FILED

AUG 11 2022

Nathan Ochser, Clerk of Court

CLERK of COURT

DAVID J. BRADLEY

P.O. Box 61010
Houston TX. 77208